KY Medicaid

KY MMIS 834 Companion Guide Benefit Enrollment and Maintenance (ASC X12N 834)

Companion Guide

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Version 005010 X220A1

Cabinet for Health and Family Services
Department for Medicaid Services

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Document Change Log

Version	Changed Date	Changed By	Reason
4.0	04/19/2012	HPES	DMS approved version.
5.0	04/19/2012	Kathy Dugan	Add value code 03 – Death to INS04, Page 11
6.0	10/22/2012	Kathy Dugan	Add new HD segment for County Code, Pages 23, 24, and 25. Removed HD04-12 from ELG segment Add new section 1.2.4 in Special Considerations. HD04 History Segments, Page 3

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarifying the Cabinet for Health and Family Services Department for Medicaid Services use of the Health Care Benefit Enrollment transaction. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 834 Transaction is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent is the initial enrollment and subsequent maintenance of individuals who are enrolled in healthcare. This transaction specifically addresses the enrollment and maintenance of healthcare only.

Providers of healthcare or services may include entities such as physicians, hospitals, other medical facilities or suppliers, dentists, pharmacies and entities providing medical information to meet regulatory requirements.

The payer refers to a third party entity that pays claims or administers the insurance benefit.

A sponsor is the party that ultimately pays for the coverage or benefit.

A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a member who has been enrolled for coverage under Kentucky Medicaid.

1.2   Special Considerations for 834 Transaction

1.2.1   Subscriber, Insured = Member in the Kentucky Medicaid Eligibility Verification System

The Commonwealth of Kentucky Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or MCO (Managed Care Organization).

1.2.2   The following changes to a member will result in an 834 record being generated to the receiver on a Daily or Recon 834 file:

- SSN – Member SSN Change;
- Gender – Member Gender Change;
- Rate Cell – New Rate Cell Added or Changed that is different than the last KAMES file received;
- Eligibility Effective Date – This is the Eligibility Start Date (Benefit Assignment);
- Eligibility End Date – This is the Eligibility End Date (Benefit Assignment);
- Member Name – Member Name Change that is different than the last KAMES file received;
- Region – Member Changed Region that is different than the last KAMES file received;
- TPL Resource Information -
  - TPL suspect code not = 2, 3, or 5;
- Managed Care Assignment Add or Change date – Member joins MCO or New MCO or MCO date changes;
- Medicaid Number – Member Medicaid Number Change ;
- Non-Institutional Hospice Institutional Status Code Change into or out of Non-Institutional Hospice Care;
- Institutional Status Code P1, P2, P4, P6, P7, R1 or M2 Change into or out of Institution;
- Patient Liability Amount – Members non-Institutional Hospice Patient Liability Amount ;
- Medicare Part A or Part B – Member effective or end date in Medicare Change ;
- Foster Care – Member is placed into or out of Foster Care ;
- Pregnancy – Member notifies Caseworker of Pregnancy and Expected Delivery Date ;
  - Future Dates will Apply and will be sent on Daily File as soon as Information is received by MMIS;
  - Only one PRG segment will be sent on an 834; and,
  - PRG segment will no longer be sent after the end of the month of the Expected Delivery Date.
- Linked Member – Member ID is linked to Another Member ID
  - History of linked Members will be Sent unless a Member ID is unlinked
    - An unlinked Member will result in an Add on the subsequent Daily File and no LKD segment will be sent for that ID

1.2.3   File Naming Standards

- KY*D*ELIG_*MCO MMIS ID_DATE_TIMESTAMP;*
  - Where *D* = Daily;
  - Where *MCO MMIS ID* = 10 digit Trading Partner ID;
  - Where *DATE* = File creation date;
  - Where *TIMESTAMP* = Time file created;
- KY*R*ELIG_*MCO MMIS ID_DATE_TIMESTAMP;*
  - Where *R* = Recon;

- o Where *MCO MMIS ID* = 10 digit Trading Partner ID;
- o Where *DATE* = File creation date;
- o Where *TIMESTAMP* = Time file created ;
- KY*M*ELIG_*MCO MMIS ID_DATE_TIMESTAMP;*
  - o Where *M* = Monthly;
  - o Where *MCO MMIS ID* = 10 digit Trading Partner ID;
  - o Where *DATE* = File creation date; and,
  - o Where *TIMESTAMP* = Time file created.

1.2.4   HD04 History Segments

Beginning January 1, 2013 – Loop 2300

Health Coverage has a maximum repeat of 99.

Following are the restrictions for each type of HD04 – Plan Coverage Descriptions that will be sent in order to stay within the ASCX12 loop repeat requirements.

- A maximum of 10 HD Loops will be sent for HD04-1, Coverage Types:

  ELG – Recipient Eligibility

  MNC – Manage Care

  LNK – Linked Members

- A maximum of 1 (most recent) HD Loop will be sent for HD04-1, Coverage Types:

  MCA – Medicare A

  MCB – Medicare B

  GUA – Recipient Guardianship

  DJJ – Recipient Department of Juvenile Justice eligibility

  FST – Recipient foster Care

  PRG – Recipient Pregnancy

  HSP – Recipient non-Institutional Hospice

  IST – Recipient Institutionalized Information

- A maximum of 61 HD Loops will be sent for HD04-1, Coverage Types:

  CTY – County Code

2   Control Segment Definitions For Kentucky Medicaid

X12N EDI Control Segments
➢ ISA – Interchange Control Header Segment ➢ IEA – Interchange Control Trailer Segment ➢ GS – Functional Group Header Segment ➢ GE – Functional Group Trailer Segment ➢ ST – Transaction Set Header ➢ SE – Transaction Set Trailer

2.1   ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

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Page	Loop	Segment	Data Element	Comments
C.4	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
C.4	N/A	ISA	ISA02 - Authorization Information	[space fill]
C.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
C.4	N/A	ISA	ISA04 - Security Information	[space fill]
C.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
C.4	N/A	ISA	ISA06 - Interchange Sender ID	'KY Medicaid' – Sender ID
C.5	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
C.5	N/A	ISA	ISA08 - Interchange Receiver ID	'ID Supplied by KY Medicaid' – Receiver ID
C.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD

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Page	Loop	Segment	Data Element	Comments
C.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM
C.5	N/A	ISA	ISA11 – Repetition Separator	'^' – Repetition Separator
C.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00501' – Control Version Number
C.5	N/A	ISA	ISA13 – Interchange Control Number	Interchange Unique Control Number
C.6	N/A	ISA	ISA14 - Acknowledgment Requested	'0' – No Acknowledgement Requested '1' – Acknowledgement Requested
C.6	N/A	ISA	ISA15 – Interchange Usage Indicator	'T' - Test Data 'P' - Production Data
C.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

2.2   IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

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Page	Loop	Segment	Data Element	Comments
C.10	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
C.10	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

2.3   GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information

concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Page	Loop	Segment	Data Element	Comments
834 Benefit Enrollment and Maintenance				
C.7	N/A	GS	GS01 - Functional Identifier Code	'BE' – Benefit Enrollment and Maintenance (834)
C.7	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
C.7	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
C.7	N/A	GS	GS04 - Date	The date format is CCYYMMDD
C.8	N/A	GS	GS05 – Time	The time format is HHMM
C.8	N/A	GS	GS06 - Group Control Number	Group Control Number
C.8	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
C.8	N/A	GS	GS08 - Version/Release/ Industry ID Code	'005010X220A1' – Version / Release / Industry Identifier Code

2.4   GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
C.9	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
C.9	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

2.5   ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
31	N/A	ST	ST01 – Transaction Set Identifier Code	'834' – Benefit Enrollment and Maintenance
31	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number
31	N/A	ST	ST03 – Implementation Convention Reference	'005010X220A1' – Version / Release / Industry Identifier Code

2A

2.6   SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

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Page	**Loop**	**Segment**	**Data Element**	**Comments**
184	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
184	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

2.7   Valid Delimiters for Kentucky Medicaid EDI

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A
Repetition Separator	^	94	5E

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Page	Loop	Segment	Data Element	Comments
834 Benefit Enrollment and Maintenance				
32	N/A	BGN	BGN01 - Transaction Set Purpose Code	'00' – Original
33	N/A	BGN	BGN02 – Transaction Set Reference Number	'1' – value 1 will be sent
33	N/A	BGN	BGN03 – Transaction Set Creation Date	Format: CCYYMMDD
33	N/A	BGN	BGN04 – Transaction Set Creation Time	Format: HHMMSS
33	N/A	BGN	BGN05 - Time Zone Code	'ES' – Eastern Standard Time
35	N/A	BGN	BGN08 – Action Code	'2' – Daily '4' - Monthly
37	N/A	DTP	DTP01 – Date/Time Qualifier	'007' – Effective
37	N/A	DTP	DTP02 – Date/Time Period Format Qualifier	'D8' Date Expressed in Format CCYYMMDD
37	N/A	DTP	DTP03 – Date/Time Period	File Effective Date
38	N/A	QTY	QTY01 – Quantity Qualifier	'TO' - Total
38	N/A	QTY	QTY02 – Record Totals	Total Number of Members Included in File
39	1000A	N1	N101 – Entity Identifier Code	'P5' – Plan Sponsor Name
39	1000A	N1	N102 - Plan Sponsor Name	'COMMONWEALTH OF KENTUCKY'

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40	1000A	N1	N103 - Identification Code Qualifier	'FI' – Federal Taxpayer Identification Number
40	1000A1	N1	N104 – Sponsor Identifier	'610600439'
41	1000B	N1	N101 – Entity Identifier Code	'IN' - Insurer
41	1000B	N1	N102 - Insurer Name	This is the 10 digit Trading Partner ID of the MCO
42	1000B	N1	N103 - Identification Code Qualifier	'FI' – Federal Taxpayer Identification Number
42	1000B	N1	N104 – Insurer Identification Code	This is the 9 digit Federal Taxpayer Identification Number of the MCO
48	2000	INS	INS01 - Member Indicator	'Y' - Yes
48	2000	INS	INS02 - Individual Relationship Code	'18' – Self
49	2000	INS	INS03 – Maintenance Type Code	'001' – Change '021' – Addition '024' – Cancellation or Termination One of these codes will be sent per Loop 2000 on the daily transaction '030' – Audit or Compare This code is always sent on the monthly transaction

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49	2000	INS	INS04 - Maintenance Reason Code	'03' - Death '07' Termination of Benefits '25' – Change in Identifying Data Elements '28' – Initial Enrollment '33' – Personnel Data 'AI' – No Reason Given 'XN' Notification Only
51	2000	INS	INS05 – Benefit Status Code	'A' - Active
51	2000	INS	INS06-1 - Medicare Plan Code	'A' – Medicare Part A 'B' – Medicare Part B 'C' – Medicare Part A and Medicare Part B ' E' – No Medicare
52	2000	INS	INS08 - Employment Status Code	'FT' - Fulltime 'TE' - Temporary
53	2000	INS	INS10 - Handicap Indicator	'N' – No
53	2000	INS	INS11 – Date/Time Period Format Qualifier	'D8' - Date Expressed in Format CCYYMMDD
54	2000	INS	INS12 - Member Individual Death Date	Member date of death
55	2000	REF	REF01 – Reference Identification Qualifier	'0F' – Member Number
55	2000	REF	REF02 - Member Identifier	Members current Medicaid ID

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56	2000	REF	REF01 – Reference Identification Qualifier	'1L' – Member Policy Number
56	2000	REF	REF02 - Member Group or Policy Number	Member SSN
57	2000	REF	REF01 – Reference Identification Qualifier	This occurrence of the REF segment can repeat up to 5 times. One for each of the following:' 'F6' – HIC Number '3H' – Case Number 'Q4' – Prior ID Number '23' – Client Number '17' – Client Reporting Category
58	2000	REF	REF02 - Member Supplemental Identifier	F6 = Member HIC Number 3H = Member Case Number Q4 = Member Previous Medicaid ID 23 = Member Original ID 17 = MCO Selection Type A = Auto-assigned M = Member Selected
59	2000	DTP	DTP01 – Date Time Qualifier	'356' – Eligibility Begin Date
60	2000	DTP	DTP02 – Date Time Period Format Qualifier	'D8' – indicates format CCYYMMDD
61	2000	DTP	DTP03 – Eligibility Begin Date	Date Medicaid Eligibility Begins
59	2000	DTP	DTP01 – Date Time Qualifier	'357' – Eligibility End Date
60	2000	DTP	DTP02 – Date Time Period Format Qualifier	'D8' – indicates format CCYYMMDD

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61	2000	DTP	DTP03 – Eligibility End Date	Date Medicaid Eligibility Ends
59	2000	DTP	DTP01 – Date Time Qualifier	'473' – Medicaid Begin Date
60	2000	DTP	DTP02 – Date Time Period Format Qualifier	'D8' – indicates format CCYYMMDD
61	2000	DTP	DTP03 – Medicaid Application Start Date	Date Medicaid Application was entered into County Office System
59	2000	DTP	DTP01 – Date Time Qualifier	'474' – Medicaid End Date
60	2000	DTP	DTP02 – Date Time Period Format Qualifier	'D8' – indicates format CCYYMMDD
61	2000	DTP	DTP03 – Medicaid Re-Determination Date	Date County Office re-determines Member Medicaid eligibility qualifications
62	2100A	NM1	NM101 –Entity Identifier Code	'74' – Corrected Insured 'IL' – Insured or Subscriber
63	2100A	NM1	NM102 – Entity Type Qualifier	1' - Person
63	2100A	NM1	NM103 – Member Last Name	Member Last Name
63	2100A	NM1	NM104 – Member First Name	Member First Name
63	2100A	NM1	NM105 – Member Middle Initial	Member Middle Initial
63	2100A	NM1	NM107 – Member Suffix	Member Suffix
64	2100A	NM1	NM108 - Identification Code Qualifier	'34' – Member SSN

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64	2100A	NM1	NM109 – Member Identifier	9 digit SSN
66	2100A	PER	PER01 – Contact Function Code	'IP' – Insured Party
66	2100A	PER	PER03 - Communication Number Qualifier	'TE' – Telephone
66	2100A	PER	PER04 - Communication Number	Member Telephone Number if on file
68	2100A	N3	N301 - Member Address Line	When applicable Member Address
68	2100A	N3	N302 – Member Address Line	When applicable Member Address
69	2100A	N4	N401 – Member City Name	When applicable Member City, State, Zip Code
69	2100A	N4	N402 – Member State Code	When applicable Member City, State, Zip Code
70	2100A	N4	N403 – Member Zip Code	When applicable Member City, State, Zip Code
70	2100A	N4	N405 - Location Qualifier	'CY' – County
70	2100A	N4	N406 - Location Identifier	Three digit Kentucky assigned county code
71	2100A	DMG	DMG01-Date Time Period Format Qualifier	'D8' – Date Expressed in Format CCYYMMDD
71	2100A	DMG	DMG02 – Member Birth Date	Member Date of Birth

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72	2100A	DMG	DMG03 – Gender Code	Member Gender F= Female M = Male U = Unknown (This code is to be used only when the gender is unknown or when it cannot be sent due to reporting restrictions.)
73	2100A	DMG	DMG05-1 – Race or Ethnicity Code	This is the Member's race code '7' - Not Provided '8' – Not Applicable 'A' - Asian or Pacific Islander 'B' - Black 'C' - Caucasian 'D' – Subcontinent Asian American 'E' – Other Race or Ethnicity 'F' – Asian Pacific American 'G' – Native American 'H' - Hispanic 'I' - American Indian or Alaskan Native 'J' – Native Hawaiian 'N' - Black (Non-Hispanic) 'O' - White (Non-Hispanic) 'P' – Pacific Islander 'Z' – Mutually Defined
73	2100A	DMG	DMG05-2 – Code List Qualifier Code	'RET' – Classification of Race or Ethnicity
74	2100A	DMG	DMG05-3 – Race or Ethnicity Code	Member Ethnicity Code
79	2100A	ICM	ICM01 – Frequency Code	'4' – Monthly
80	2100A	ICM	ICM02 – Wage Amount	Monthly Income
84	2100A	LUI	LUI01 - Identification Code Qualifier	'LE' – Language Code

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85	2100A	LUI	LUI02 – Language Code	ISO 639 Language Codes which include:
				'SPA' – Spanish
				'ARM' – Armenian
				'KHM' – Khmer
				'TGL' – Tagalog
				'LAO' – Laotian
				'UNK' – Unknown
				'IRA' – Iranian (Other)
				'RUS' – Russian
				'ARA' – Arabic
				'JPN' – Japanese
				'ENG' – English
				'KOR' – Korean
				'POR' – Portuguese
				'UND' – Undetermined
				'VIE' – Vietnamese
				'FRE' – French
				'GER' – German
				'ITA' – Italian
86	2100B	NM1	NM101- Entity Identifier Code	'70' – Prior Incorrect Insured
87	2100B	NM1	NM102 – Entity Type Qualifier	'1' – Person
87	2100B	NM1	NM103 – Prior Incorrect Member Last Name	Member Last Name If the member last name has changed since the last file sent, this field will be populated

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87	2100B	NM1	NM104 – Prior Incorrect Member First Name	Member First Name If the member first name has changed since the last file sent, this field will be populated
87	2100B	NM1	NM105 – Prior Incorrect Member Middle Initial	Member Middle Initial If the member middle initial has changed since the last file sent, this field will be populated
87	2100B	NM1	NM108 - Identification Code Qualifier	'34' - Corrected Member SSN If the member SSN has changed since the last file sent, this field will be populated
88	2100B	NM1	NM109 – Identification Code	If the member SSN has changed since the last file sent, this field will be populated
89	2100B	DMG	DMG01 – Date Time Period Format Qualifier	'D8' - Date Expressed in Format CCYYMMDD
90	2100B	DMG	DMG02 – Prior Incorrect Insured Birth Date	Member Birth Date If the member date of birth has changed since the last file sent, this field will be populated
90	2100B	DMG	DMG03 – Prior Incorrect Insured Gender Code	Member Gender Code If the member gender has changed since the last file sent, this field will be populated
92	2100C	NM1	NM101- Entity Identifier Code	31 – Postal Mailing Address
92	2100C	NM1	NM102 – Entity Type Qualifier	'1' – Person

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94	2100C	N3	N301 – Member Address Line	Mailing Address 1
94	2100C	N3	N302 – Member Address Line	Mailing Address 2
95	2100C	N4	N401 – Member Mail City Name	Mailing Address City
95	2100C	N4	N402 – Member Mail State Code	Mailing Address State
96	2100C	N4	N403 – Member Zip Code	Mailing Address Zip Code
114	2100F	NM1	NM101- Entity Identifier Code	'S3' - Custodial Parent
115	2100F	NM1	NM102 – Entity Type Qualifier	'1' – Person
115	2100F	NM1	NM103 - Custodial Parent Last Name	Case Last Name
115	2100F	NM1	NM104 - Custodial Parent First Name	Case First Name
123	2100G	NM1	NM101 - Entity Identifier Code	'QD' – Responsible Party
124	2100G	NM1	NM102 – Entity Type Qualifier	'1' – Person
124	2100G	NM1	NM103 - Responsible Party Last Name	Last Name of Responsible Party
124	2100G	NM1	NM104 - Responsible Party First Name	First Name of Responsible Party
124	2100G	NM1	NM105 – Responsible Party Middle name	Middle Name of Responsible Party

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140	2300	HD	HD01 - Maintenance Type Code	'001' - Change '021' - Addition '024' - Cancellation or Termination '030' – Audit or Compare This code is always sent on the monthly transaction
141	2300	HD	HD03 - Insurance Line Code	'HLT' – Health
141	2300	HD	HD04 – Plan Coverage Description	Plan Coverage Description Note – See Section 4 – For the layout of the HD04 data element
142	2300	HD	HD05 - Coverage Level Code	'IND' – Individual
143	2300	DTP	DTP01 – Date/Time Qualifier	'348' – Benefit Begin '349' – Benefit End There will be 2 repetitions of this segment for each Loop 2300 repetition except the PRG Loop 2300 record and LKD Loop 2300 record.
144	2300	DTP	DTP02 – Date Time Period Format Qualifier	'D8' - Date Expressed in Format CCYYMMDD

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144	2300	DTP	DTP03 – Coverage Period	Use to denote the begin and end dates for the various types of coverage sent in the HD04 – For HD04 PRG Loop 2300 Records, Qualifier 348: This is the expected delivery month with a defaulted day. **Please note:** Pregnant women are exempted from co-pay for prenatal, delivery, and postpartum services (post partum is 60 days from delivery) The eligibility system (KAMES) will flag a member exempt from co-pay for the month of delivery and the two calendar months following delivery. Example- If a baby is delivered in June, the mother continues to be exempted until the last day of August. The co-pay indicator is passed in the HD04 ELG segment (HD04-10). There will not be a second iteration of the DTP segment for this type of Loop 2300.
145	2300	AMT	AMT01 - Amount Qualifier Code	'D2' – Deductible Amount to be used for Patient Liability. This data element will only be sent for HSP records in HD04
145	2300	AMT	AMT02 – Contract Amount	This data element will only be sent for HSP records in HD04
152	2310	LX	LX01 – Assigned Number	'1' – One Preferred Provider will be sent
153	2310	NM1	NM101 - Entity Identifier Code	'Y2' – Managed Care Organization

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154	2310	NM1	NM102 – Entity Type Qualifier	'1' - Person
154	2310	NM1	NM108 – Identification Code Qualifier	SV - Service Provider
155	2310	NM1	NM109 – Provider Identifier	Provider Number
155	2310	NM1	NM110 – Entity Relationship Code	'72' - Unknown

4   HD04 Data Element Layout

HD04 is 43 bytes in length and will be used to supply additional eligibility information. This data element has been formatted as follows:

Medicare Part D - If a member has either Medicare Part A or Medicare Part B, then KY Medicaid auto-enrolls them into Medicare Part D. The only exception is if the member has opted out of Medicare Part D.

***NOTE: The "when applicable" fields will be set to spaces when they do not apply.

Data Element	Description	Position with HD04 Data Element	Valid Values/Format/Comments
HD04-01	The coverage types	Position 1 - 3	The first three bytes will denote the coverage types and the possible values:
			'ELG' for Member eligibility
			'MNC' for Managed Care
			'MCA' for Medicare A
			'MCB' for Medicare B
			'GUA' for Member Guardianship
			'DJJ' for Member Department of Juvenile Justice eligibility
			'FST' for Member Foster Care Information
			'PRG' for Member Pregnancy Information
			'HSP' for Member non-Institutional Hospice Information
			'IST' for Member Institutionalized Information

Data Element	Description	Position with HD04 Data Element	Valid Values/Format/Comments
			'LKD' for Linked Members Information
			'CTY' for County Codes
			For each Loop 2300 HD segment a Loop 2300 DTP segment will be sent for the begin date and another Loop 2300 DTP segment for the end date. Only 1 DTP segment will be sent for the PRG and LKD in Loop 2300 HD.
HD04-02 (always present)	The HD04-01 segment number. If there are 3 occurrences of the any HD04-1 values, first HD04-2 occurrence will have the value of 01, 2nd occurrence will have the value of 02 and the 3rd occurrence will have the value of 03.	Position 4 - 5	01 to 99
HD04-03 (when applicable)	The program code assignment maintained by sender	Position 6 - 7	Value may be present for all coverage types "ELG", "MNC", "MCA", "MCB", "DJJ", "GUA", "FST", "PRG", "HSP", "IST"
HD04-04 (when applicable)	The IM ID assigned to the member by sender	Position 8 - 9	Value may only be present for coverage type "ELG"
HD04-05 (when applicable)	The status associated with the member eligibility	Position 10 - 11	Value may only be present for coverage type "ELG"
HD04-06 (when applicable)	The liability indicator assigned when member has patient liability	Position 12	Value of "space"

Data Element	Description	Position with HD04 Data Element	Valid Values/Format/Comments
HD04-07 (when applicable)	The Long Term Care indicator assigned when the member is in a LTC facility	Position 13	Value of "space"
HD04-08 (when applicable)	The Institutional Status Code assigned when the member is in an Institutional setting	Position 14 - 15	Value may only be present for coverage type "HSP", "IST"
HD04-09 (when applicable)	The Member Private Insurance Indicator	Position 16	Value may only be present for coverage type "ELG"
HD04-10 (when applicable)	The co-pay indicator	Position 17	Value may only be present for coverage type "ELG"
HD04-11 (when applicable)	The transaction date associated with this eligibility information	Position 18 - 25	Value may be present for all coverage types "MNC", "MCA", "MCB", "DJJ", "GUA", "FST", "PRG", "HSP", "IST" , "LKD", "CTY" Format: CCYYMMDD

Data Element	Description	Position with HD04 Data Element	Valid Values/Format/Comments
HD04-12 (when applicable)	The member county code	Position 26 - 28	Value may only be present for coverage type "CTY"
HD04-13 (when applicable)	Medicare Part D Opt Out Code	Position 29	Value may only be present for coverage types "MCB", "MCA" If HD04-13 = Y, this means the member has elected not to be auto-enrolled into Medicare Part D by KY Medicaid. If HD4-13 = N, then the member is being auto-enrolled into Part D by KY Medicaid.
HD04-14 (when applicable)	The Member Pregnancy Indicator	Position 30	Value may only be present for coverage type "PRG"
HD04-15 (when applicable)	The Member DJJ Indicator	Position 31	Value may only be present for coverage type "DJJ"
HD04-16 (when applicable)	The Member Guardianship Indicator	Position 32	Value may only be present for coverage type "GUA"
HD04-17 (when applicable)	The Member Foster Care Indicator	Position 33	Value may only be present for coverage type "FST"
HD04-18 (when applicable)	Linked Member will be sent when a Member ID is linked to another Member ID – This is the Inactive Member Number – Loop 2000 Subscriber 0F REF01 designates the Active Member	Position 34 – 43	Value may only be present for coverage type "LKD"